

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Kentuckians For Strong Leadership

ADDRESS (number and street)

P.O. Box 7895

☐ Check if different than previously reported. (ACC)

Louisville

KY

40257

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00543256

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

KY

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 16 2014

through

M M M / D D D / Y Y Y Y Y Y
11 24 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Caleb Crosby

Signature of Treasurer

Caleb Crosby

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 04 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kentuckians For Strong Leadership

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 10 16 2014

To:

 M M / D D / Y Y Y Y
 11 24 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		861328.52
(b) Cash on Hand at Beginning of Reporting Period.....	1965151.41	
(c) Total Receipts (from Line 19)	230000.00	5377391.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2195151.41	6238719.91
7. Total Disbursements (from Line 31)	1833909.98	5877478.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	361241.43	361241.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kentuckians For Strong Leadership

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

200000.00

5311000.00

(ii) Unitemized

0.00

35.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

200000.00

5311035.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

30000.00

65000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

230000.00

5376035.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1356.39

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

230000.00

5377391.39

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

230000.00

5377391.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	74911.58	566881.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	74911.58	566881.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1758998.40	5310596.89
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1833909.98	5877478.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1833909.98	5877478.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	230000.00	5376035.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	230000.00	5376035.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	74911.58	566881.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1356.39
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	74911.58	565525.20

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3XN
Transaction ID :

1. Unless otherwise noted, none of the expenditures reported are allocable to a candidate.2. For all Ultimate Vendor Payee disbursements, any transaction below the itemization threshold in the aggregate will not appear as a memo entry.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentuckians For Strong Leadership

Full Name (Last, First, Middle Initial)

A. CLEAN ENERGY

Mailing Address 4675 MACARTHUR BOULEVARD
SUITE 800

City State Zip Code
NEWPORT BEACH CA 92660-1895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11.289

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. STEPHEN SHERRILL

Mailing Address 765 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-4254

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

BRUCKMANN ROSSER SHERRILL & CO

FOUNDER & MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11.290

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BENNETT K. HATTFIELD

Mailing Address P.O. BOX 2405

City State Zip Code
CHARLESTON WV 25329-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

PATRIOT COAL

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11.294

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 21
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentuckians For Strong Leadership

Full Name (Last, First, Middle Initial)

A. THOMAS E. MCINERNEY

Mailing Address 16 BLUFF POINT

City
WESTPORT

State Zip Code
CT 06880-6902

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLUFF POINT ASSOCIATES

Occupation
GENERAL PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 21 2014

Transaction ID : SA11.295

Amount of Each Receipt this Period

75000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WILBUR L. ROSS JR.

Mailing Address 328 EL VEDADO ROAD

City
PALM BEACH

State Zip Code
FL 33480-4736

FEC ID number of contributing
federal political committee.

C

Name of Employer
WL ROSS & COMPANY

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 21 2014

Transaction ID : SA11.293

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DONALD J. TRUMP

Mailing Address 725 5TH AVENUE

City
NEW YORK

State Zip Code
NY 10022-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE TRUMP ORGANIZATION

Occupation
PRESIDENT/C.E.O.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 21 2014

Transaction ID : SA11.291

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentuckians For Strong Leadership

Full Name (Last, First, Middle Initial)

A. MARC STANLEY GOLDMAN

Mailing Address P.O. BOX 8020

City

GARDEN CITY

State

NY

Zip Code

11530-8020

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.298

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MURRAY ENERGY CORPORATION

Mailing Address 46226 NATIONAL ROAD

City

ST. CLAIRSVILLE

State

OH

Zip Code

43950-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11.297

Amount of Each Receipt this Period

30000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35000.00

200000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kentuckians For Strong Leadership

Full Name (Last, First, Middle Initial)

A. PATRIOT COAL ACTION COMMITTEE

Mailing Address 500 LEE STREET EAST
SUITE 900

City State Zip Code
CHARLESTON WV 25301-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 21 2014

Transaction ID : SA11.292

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ENDING SPENDING ACTION FUND

Mailing Address 610 SOUTH BOULEVARD

City State Zip Code
TAMPA FL 33606-2693

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 27 2014

Transaction ID : SA11.296

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30000.00

30000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Kentuckians For Strong Leadership

Full Name (Last, First, Middle Initial)

A. INTEGRATED CAMPAIGN SOLUTIONS LLC

Mailing Address 526 DAROCO AVENUE

City	State	Zip Code
CORAL GABLES	FL	33146

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SB21B.I336

Amount of Each Disbursement this Period

11701.23

Full Name (Last, First, Middle Initial)

B. HOLTZMAN VOGEL JOSEFIK PLLC

Mailing Address 45 N HILL DRIVE, STE 100

City	State	Zip Code
WARRENTON	VA	20186

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB21B.I334

Amount of Each Disbursement this Period

2862.50

Full Name (Last, First, Middle Initial)

C. MEGAN GRAETER

Mailing Address 7911 TOLLS LANE

City	State	Zip Code
LOUISVILLE	KY	40214

Purpose of Disbursement
ADMINISTRATIVE SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB21B.I325

Amount of Each Disbursement this Period

50.49

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14614.22

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentuckians For Strong Leadership

Full Name (Last, First, Middle Initial)

A. PNC BANK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0				3	0		2	0	1	4		

Mailing Address ONE FINANCIAL PARKWAY

City	State	Zip Code
KALAMAZOO	MI	49009

Transaction ID : SB21B.I339Purpose of Disbursement
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

3739.11

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0				3	0		2	0	1	4		

Mailing Address 1593 SPRING HILL ROAD, STE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Transaction ID : SB21B.I343Purpose of Disbursement
DATABASE MANAGEMENT

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

375.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0				3	0		2	0	1	4		

Mailing Address P.O. BOX 371461

City	State	Zip Code
PITTSBURGH	PA	15250

Transaction ID : SB21B.I344Purpose of Disbursement
SHIPPING

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

38.36

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3739.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kentuckians For Strong Leadership

Full Name (Last, First, Middle Initial)

A. WIDGETMAKR

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 30 / 2014
Transaction ID : SB21B.I345

Amount of Each Disbursement this Period

3325.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
11 / 05 / 2014
Transaction ID : SB21B.I327

Amount of Each Disbursement this Period

4528.00

Full Name (Last, First, Middle Initial)

C. BMO CONSULTING LLC

Mailing Address 100 I STREET SE #1209

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
BOOKKEEPING / COMPLIANCE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
11 / 07 / 2014
Transaction ID : SB21B.I331

Amount of Each Disbursement this Period

399.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4927.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentuckians For Strong Leadership

A. CFC CONSULTING INC

Date of Disbursement

Transaction ID : SB21B.I332

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

1500.00

B. MERE LLC

Date of Disbursement

Transaction ID : SB21B.I338

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

C. RUNSWITCH LLC

Date of Disbursement

Transaction ID : SB21B.I340

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

5000.00

6550.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentuckians For Strong Leadership

A. HEATHER HENDERSON

Date of Disbursement

Transaction ID : SB21B.I326

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

2500.00

B. BLACK ROCK GROUP LLC

Date of Disbursement

M M / D D / Y Y Y Y
11 20 2014

Transaction ID : SB21B.I330

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

5000.00

C. CFC CONSULTING INC

Date of Disbursement

Transaction ID : SB21B.I333

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

2500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Kentuckians For Strong Leadership

A. HOLTZMAN VOGEL JOSEFIK PLLC

Date of Disbursement

Transaction ID : SB21B.I335

Amount of Each Disbursement this Period

5081.25

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. INTEGRATED CAMPAIGN SOLUTIONS LLC

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2014

City	State	Zip Code
CORAL GABLES	FL	33146

Transaction ID : SB21B.I337

Purpose of Disbursement
FUNDRAISING CONSULTING

Amount of Each Disbursement this Period

10000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. VIKING STRATEGIES LLC

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2014

City	State	Zip Code
ARLINGTON	VA	22207

Transaction ID : SB21B.I342

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

20081.25

TOTAL This Period (last page this line number only).....

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 21
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Kentuckians For Strong Leadership			FEC IDENTIFICATION NUMBER ▼ C C00543256		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee MAIN STREET MEDIA GROUP			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address P.O. BOX 25093			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1267874.50</div>		
City ALEXANDRIA		State VA	Zip Code 22213		Transaction ID : SE.1
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED ON 10/21/14		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate ALISON LUNDERGAN GRIMES			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5310596.89</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee TARGETED VICTORY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1033 NORTH FAIRFAX ST, STE 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50000.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE.2
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED ON 10/21/14		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate ALISON LUNDERGAN GRIMES			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5310596.89</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1317874.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures.....			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CALEB CROSBY			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

[Electronically Filed]

Full Name of Payee MAIN STREET MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address P.O. BOX 25093		Amount 88091.75	
City ALEXANDRIA	State VA	Zip Code 22213	Transaction ID : SE.4
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED ON 10/28/14	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: KY
Calendar Year-To-Date Per Election for Office Sought	5310596.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; text-align: right;">105003.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 40px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 40px;"></div>

Signature

Full Name of Payee MAIN STREET MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address P.O. BOX 25093		Amount 332857.50	
City ALEXANDRIA	State VA	Zip Code 22213	Transaction ID : SE.6 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED ON 10/31/2014		Category/ Type	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		5310596.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	336120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	1758998.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

M M / D D / Y Y Y Y
12 04 2014